

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 385 Primary Registration District No. 3038 Registrar's No. 20002364 STATE FILE NUMBER

**FILED FEB 1 1965**

VS 300  
Rev. 4/59  
1058.5  
20580  
3  
4 1  
5 1  
6  
7 0  
8 2  
9 201  
10  
11  
12 2-0  
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Brookfield</u> Length of stay in lb <u>2 weeks</u>		c. CITY OR TOWN <u>Laclede</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Bershing Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Jefferson Township</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>R.F.D. #1</u>	
3. NAME OF DECEASED (Type or print) <u>MINNIE LAKE MCCOY</u> First Middle Last			4. DATE OF DEATH <u>January 23, 1965</u> Month Day Year
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/19/1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>in own home</u>	11. BIRTHPLACE (City and state or country) <u>Chariton Co. Missouri</u>
13a. FATHER'S NAME <u>Taylor Venable</u>		14. NAME OF HUSBAND OR WIFE <u>Lee R. McCoy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>Lee R. McCoy, Brookfield, Mo.</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion &amp; thrombosis.</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes.</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Post surgical 12 day for ventral hernia repair</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>6-30-64</u> to <u>1-23-65</u> and last saw her <u>alive</u> on <u>1-23-65</u> Death occurred at <u>8:00 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John R. Dutton M.D.</u> (Degree or title)		22b. ADDRESS <u>Brookfield Mo</u>	22c. DATE SIGNED <u>1-26-65</u>
23b. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23c. DATE <u>Jan. 26, 1965</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Brookfield Missouri</u>
24. FUNERAL DIRECTOR <u>Hill Funeral Home, Brookfield, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>1-26-65</u>	26. REGISTRAR'S SIGNATURE <u>Anna Watson</u> <u>pu R.S.O.</u>

USE BLACK INK OR TYPEWRITER RIBBON

1005000

FEB 3 1985

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. [Signature]

P. O. Address Chillicothe, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.